



# Georgia Department of Motor Vehicle Safety

2206 East View Parkway • Conyers, Georgia 30013 • 678.413.8650

## Affidavit – Fingerprint Cards

*Must submit original – Copies not acceptable (Erasures, whiteouts or other corrections/changes VOIDS this document).*

State of Georgia

County of \_\_\_\_\_

### Applicant Affirmation

I do solemnly swear (or affirm) that the attached fingerprints are those of the **applicant** named herein:

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Official Taking Fingerprints

\_\_\_\_\_  
Name of Above Official's Agency

\_\_\_\_\_  
Date of Fingerprinting

Note: Be sure to fill in the following information on the fingerprint cards before sending them in:

- ☐ Residence
- ☐ Place of Birth
- ☐ Nationality
- ☐ Age
- ☐ Date of Birth
- ☐ Height
- ☐ Weight
- ☐ Race
- ☐ Color of Hair
- ☐ Color of Eyes
- ☐ Citizenship
- ☐ Social Security Number

**The Fingerprint cards without the forgoing information will not be accepted.**